

621000367491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

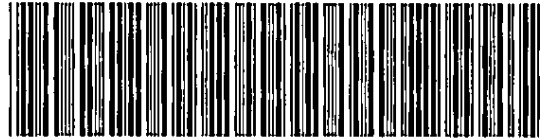
(Business Entity Name)

(Document Number)

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U.S. DEPARTMENT OF JUSTICE

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SECONDARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HMW Agency, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicholas A. Dupre

\_\_\_\_\_  
Name of Person

Stanfield & Dupre, PLLC

\_\_\_\_\_  
Firm/Company

1095 Evergreen Circle, Suite 200

\_\_\_\_\_  
Address

The Woodlands, TX 77382

\_\_\_\_\_  
City/State and Zip Code

MCAPOZUCCA@CAPOZUCCAHW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas A. Dupre

832 482-4622  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

HMW Agency, LLC

HMW Agency, LLC

2022 AUG -1 PM 4:19

(Name of the Limited Liability Company, as it now appears on our records.)

SECRETARY OF STATE  
TALLAHASSEE, FL  
and assigned

The Articles of Organization for this Limited Liability Company were filed on

8/16/2021

Florida document number

L21000367491

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

(If new name must be distinguishable and contain the words "Limited Liability Company," "LLC," "LTD.", or "CO.")

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6675 Westwood Blvd.  
Orlando FL 32821 #230

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above, principal  
address

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and or the new registered office address here:

Name of New Registered Agent:

Mauro Capozucca

Mauro Capozucca

New Registered Office Address:

3657 Golf Channel Dr

6675 Westwood BLVD

Orlando

ORLANDO

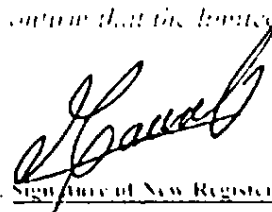
Florida

32821

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent



If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Williams Agencies, LLC	2800 Gateway Dr.	<input type="checkbox"/> Add
		Pompano Beach, FL 33069	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Henderson Management Group, L.L.	5551 Vanguard St.	<input type="checkbox"/> Add
		Orlando, FL 32019	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

2022 AUG -1 PM 4:19  
SOCIETY OF DIVERS  
TALLAHASSEE, FL

2022 AUG -1 PM 4:19  
SOCIETY OF DENTISTS  
TALLAHASSEE, FL

7  
8  
9  
10  
11

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 19 2022

        
Signature of a member or authorized representative of a member

Nicholas A. Dupre, Attorney in Fact for the Entity

Typed or printed name of signee

**Filing Fee: \$25.00**